

Blood-Stream Infection (CDC)

From: CDC-INFO
Sent: Friday, December 04, 2009 12:52 PM
To: trishmiller@myastound.net
Subject: RE: Response to draft guidelines for prevention of CRBI 2009 Line 1074

Thank you for your submission to CDC-INFO.

Your comments on the "Guidelines for the Prevention of Intravascular Catheter-Related Infections" have been forwarded to the CDC's Division of Healthcare Quality Promotion (DHQP) for their information. They will contact you directly if they have any additional questions.

Thank you for contacting CDC-INFO. Please do not hesitate to call 1-800-CDC-INFO, e-mail cdcinfo@cdc.gov, or visit www.cdc.gov if you have any additional questions.

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MN/dp

[THREAD ID:1-1MJR3N] [SR No.:1-98348956]

-----Original Message-----

From: trishmiller@myastound.net
Sent: 12/3/2009 09:32:58 PM
To: cdcinfo@cdc.gov
Subject: Response to draft guidelines for prevention of CRBI 2009 Line 1074

CR-BSI (CDC)

From: Patricia K. Miller (trishmiller@myastound.net)

To: Centers for Disease Control

Subject: Recommendations for Draft Guidelines for Prevention of Intravascular Catheter Related Infections

Thank you for the opportunity to reply to the 2009 draft guidelines.

My name is Patricia K. Miller.

I was a vascular access clinical nurse specialist with critical care experience in the VA system. I currently work as a health care consultant.

Line 1074 of the draft states: "Minimize contamination risk by wiping the access port with an appropriate antiseptic (chlorhexadine preferred) and accessing the port only with sterile devices [330, 333, 335]. Category IA."

While chlorhexadine (CHG) has proven in many studies to be the antiseptic of choice for skin prep, can it be extrapolated that CHG is also best for devices and other non organic

hard static surfaces? A study by Kaler and Chinn in JAVA 2007 found that the "septum became sticky when using the CHG/alcohol prep." They discussed residue or build up as a potential problem. Skin however is in constant flux: cells dying and sloughing off as new cells emerge and changes in temperature and hydration alter the surface of the skin. Thus, the skin may be less susceptible to build up of CHG residue than non organic surfaces.

Disinfection technique requiring time and friction is a related issue. The fifteen second scrub is worth stating. Perhaps the new technologies of disinfection caps may prove to be the better way to go. These caps, when applied as directed, eliminate the differences among techniques of caregivers and provide protection of the access port from contaminated environments.

More clinical studies need to be done regarding access disinfection.

Patricia K. Miller RN MSN